Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

THE BACK AND NECK INSTITUTE
6211 EDGEMERE SUITE 1
EL PASO TX 79925

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name
EMPLOYERS GENERAL INSURANCE

Carrier's Austin Representative Box
Box Number 44

MFDR Tracking Number
M4-12-2148-01

MFDR Date Received
FEBRUARY 22, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The MRI was performed at Bassett Imaging Center that is part of the Back and Neck Institute and Robert E. Urrea, MD. All entities are billed with the same TIN and NPI numbers. The address and location are the same as are the phone numbers. The dictation is signed by James H. Algeo, Jr., MD, DABR because he is the contracted radiologist for the clinic. Dr. Urrea ordered the MRI and it was done at the Back and Neck Institute. Payment shold be allowed for the MRI…"

Amount in Dispute: $1,190.19

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "…Nowhere in any of the above rules or any of the other rules is there anything that indicates a physician's office that owns it CT/MRI machine can bill for the interpretation (a professional service) of that CT/MRI using the name and license number of the physician that owns the facility." [sic= The name and license number of the rendering provider is required unless the physician supervised an 'unlicensed' HCP, which is not the case of the physician that interpreted the CT/MRI. Again if the HCP is billing correctly the why is Dr. Urrea's NPI number is listed in box 24j instead of Dr. Algeo. We feel that the original audit denial and subsequent reevaluation denial were process in accordance with DWC rules therefore no payment is being recommended at this time."

Response Submitted by: CorVel Corporation, 352- Executive Center Dr., Ste. 300, Austin, TX 78731

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 5, 2011	MRI Services	$1,190.19	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out the guidelines for heal care provider billing procedures.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits:
   - B20 – Srvc partially/fully furnished by another provider.
   - 193 - Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Did the requestor bill the treatment/services properly?
2. Is the requestor entitled to reimbursement?

Findings

1. In accordance with 28 Texas Administrative Code §133.20(e)(2) a medical bill must be submitted in the name of the licensed health care provider that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care. Review of the submitted documentation finds that the MRI interpretation was signed by James H. Algeo, Jr., MD, DABR. Review of the CMS-1500 finds that the bill was signed by Robert E. Urrea, MD (box 31) and the NPI number (Box 24J) is also Dr. Urrea's. The Division concludes that the requestor has not met the requirements of §133.20(e)(2).
2. Review of the submitted documentation finds that the request for reimbursement is not supported and payment cannot be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	April 19, 2013 Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.